

Caution: DRAFT FORM

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If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

Application for Tentative Refund

▶ See separate instructions.

▶ Do not attach to your income tax return—mail in a separate envelope.

▶ For use by individuals, estates, or trusts.

2004

| | | |
|---------------|---|---|
| Type or print | Name(s) shown on return | Social security or employer identification number |
| | Number, street, and apt. or suite no. If a P.O. box, see page 2 of the instructions. | Spouse's social security number (SSN) |
| | City, town or post office, state, and ZIP code. If a foreign address, see page 2 of the instructions. | Daytime phone number () |

| | | | |
|---|---|---|--|
| 1 This application is filed to carry back: | a Net operating loss (NOL) (Sch. A, line 24, page 2) \$ | b Unused general business credit \$ | c Net section 1256 contracts loss \$ |
|---|---|---|--|

| | |
|---|------------------------------------|
| 2a For the calendar year 2004, or other tax year beginning , 2004, ending , 20 | b Date tax return was filed |
|---|------------------------------------|

3 If this application is for an unused credit created by another carryback, enter year of first carryback ▶**4** If you filed a joint return (or separate return) for some, but not all, of the tax years involved in figuring the carryback, list the years and specify whether joint (J) or separate (S) return for each ▶**5** If SSN for carryback year is different from above, enter **a** SSN ▶ and **b** Year(s) ▶**6** If you changed your accounting period, give date permission to change was granted ▶**7** Have you filed a petition in Tax Court for the year(s) to which the carryback is to be applied? ☐ Yes ☐ No**8** Is any part of the decrease in tax due to a loss or credit from a tax shelter required to be registered? . . ☐ Yes ☐ No**9** If you are carrying back an NOL or net section 1256 contracts loss, did this cause the release of foreign tax credits or the release of other credits due to the release of the foreign tax credit (see page 3 of the instructions)? . . ☐ Yes ☐ No**Computation of Decrease in Tax**

(see page 3 of the instructions)

Note: If **1a** and **1c** are blank, skip lines 10 through 15.

| | _____ preceding tax year ended ▶ | | _____ preceding tax year ended ▶ | | _____ preceding tax year ended ▶ | |
|---|----------------------------------|-----------------|----------------------------------|-----------------|----------------------------------|-----------------|
| | Before carryback | After carryback | Before carryback | After carryback | Before carryback | After carryback |
| 10 NOL deduction after carryback (see page 3 of the instructions) | | | | | | |
| 11 Adjusted gross income | | | | | | |
| 12 Deductions (see page 4 of the instructions) | | | | | | |
| 13 Subtract line 12 from line 11 | | | | | | |
| 14 Exemptions (see page 4 of the instructions) | | | | | | |
| 15 Taxable income. Line 13 minus line 14 | | | | | | |
| 16 Income tax. See page 5 of the instructions and attach an explanation | | | | | | |
| 17 Alternative minimum tax | | | | | | |
| 18 Add lines 16 and 17 | | | | | | |
| 19 General business credit (see page 5 of the instructions) | | | | | | |
| 20 Other credits. Identify | | | | | | |
| 21 Total credits. Add lines 19 and 20 | | | | | | |
| 22 Subtract line 21 from line 18 | | | | | | |
| 23 Self-employment tax | | | | | | |
| 24 Other taxes. | | | | | | |
| 25 Total tax. Add lines 22 through 24 | | | | | | |
| 26 Enter the amount from the "After carryback" column on line 25 for each year | | | | | | |
| 27 Decrease in tax. Line 25 minus line 26 | | | | | | |

28 Overpayment of tax due to a claim of right adjustment under section 1341(b)(1) (attach computation)**Sign Here**

Under penalties of perjury, I declare that I have examined this application and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Your signature

Date

Keep a copy of this application for your records.

Spouse's signature. If Form 1045 is filed jointly, **both** must sign.

Date

Preparer Other Than Taxpayer

Name ▶

Address ▶

Date

Schedule A—NOL (see page 5 of the instructions)

| | | | |
|-----------|---|-----------|-----------|
| 1 | Enter the amount from your 2004 Form 1040, line 40. Estates and trusts, enter taxable income increased by the total of the charitable deduction, income distribution deduction, and exemption amount | | 1 |
| 2 | Nonbusiness capital losses before limitation. Enter as a positive number | 2 | |
| 3 | Nonbusiness capital gains (without regard to any section 1202 exclusion) | 3 | |
| 4 | If line 2 is more than line 3, enter the difference; otherwise, enter -0- | 4 | |
| 5 | If line 3 is more than line 2, enter the difference; otherwise, enter -0- | 5 | |
| 6 | Nonbusiness deductions (see page 5 of the instructions) | 6 | |
| 7 | Nonbusiness income other than capital gains (see page 5 of the instructions) | 7 | |
| 8 | Add lines 5 and 7 | 8 | |
| 9 | If line 6 is more than line 8, enter the difference; otherwise, enter -0- | | 9 |
| 10 | If line 8 is more than line 6, enter the difference; otherwise, enter -0-. But do not enter more than line 5 | 10 | |
| 11 | Business capital losses before limitation. Enter as a positive number | 11 | |
| 12 | Business capital gains (without regard to any section 1202 exclusion) | 12 | |
| 13 | Add lines 10 and 12 | 13 | |
| 14 | Subtract line 13 from line 11. If zero or less, enter -0- | 14 | |
| 15 | Add lines 4 and 14 | 15 | |
| 16 | Enter the loss, if any, from line 16 of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 15, column (3), of Schedule D (Form 1041).) Enter as a positive number. If you do not have a loss on that line (and do not have a section 1202 exclusion), skip lines 16 through 21 and enter on line 22 the amount from line 15 | 16 | |
| 17 | Section 1202 exclusion. Enter as a positive number | | 17 |
| 18 | Subtract line 17 from line 16. If zero or less, enter -0- | 18 | |
| 19 | Enter the loss, if any, from line 21 of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 16 of Schedule D (Form 1041).) Enter as a positive number | 19 | |
| 20 | If line 18 is more than line 19, enter the difference; otherwise, enter -0- | 20 | |
| 21 | If line 19 is more than line 18, enter the difference; otherwise, enter -0- | | 21 |
| 22 | Subtract line 20 from line 15. If zero or less, enter -0- | | 22 |
| 23 | NOL deduction for losses from other years. Enter as a positive number | | 23 |
| 24 | NOL. Combine lines 1, 9, 17, 21, 22, and 23. If the result is less than zero, enter it here and on page 1, line 1a. If the result is zero or more, you do not have an NOL | | 24 |

Schedule B—NOL Carryover (see page 6 of the instructions)

Complete one column before going to the next column. Start with the earliest carryback year.

| | _____ preceding tax year ended ► | _____ preceding tax year ended ► | _____ preceding tax year ended ► |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 1 NOL deduction (see page 6 of the instructions). Enter as a positive number | | | |
| 2 Taxable income before 2004 NOL carryback (see page 6 of the instructions). Estates and trusts, increase this amount by the sum of the charitable deduction and income distribution deduction | | | |
| 3 Net capital loss deduction (see page 6 of the instructions) | | | |
| 4 Section 1202 exclusion. Enter as a positive number | | | |
| 5 Adjustment to adjusted gross income (see page 6 of the instructions) | | | |
| 6 Adjustment to itemized deductions (see page 6 of the instructions) | | | |
| 7 Deduction for exemptions. Estates and trusts, enter exemption amount | | | |
| 8 Modified taxable income. Combine lines 2 through 7. If zero or less, enter -0- | | | |
| 9 NOL carryover (see page 7 of the instructions). Subtract line 8 from line 1. If zero or less, enter -0- | | | |
| Adjustment to Itemized Deductions (Individuals Only) Complete lines 10 through 34 for the carryback year(s) for which you itemized deductions only if line 3 or line 4 above is more than zero. | | | |
| 10 Adjusted gross income before 2004 NOL carryback | | | |
| 11 Add lines 3 through 5 above | | | |
| 12 Modified adjusted gross income. Add lines 10 and 11 | | | |
| 13 Medical expenses from Sch. A (Form 1040), line 4 (or as previously adjusted) | | | |
| 14 Medical expenses from Sch. A (Form 1040), line 1 (or as previously adjusted) | | | |
| 15 Multiply line 12 by 7.5% (.075) | | | |
| 16 Subtract line 15 from line 14. If zero or less, enter -0- | | | |
| 17 Subtract line 16 from line 13 | | | |

Schedule B—NOL Carryover (Continued)

Complete one column before going to the next column. Start with the earliest carryback year.

- | | _____ preceding
tax year ended ► | _____ preceding
tax year ended ► | _____ preceding
tax year ended ► |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 18 Modified adjusted gross income from line 12 on page 3 | | | |
| 19 Enter as a positive number any NOL carryback from a year before 2004 that was deducted to figure line 10 on page 3 | | | |
| 20 Add lines 18 and 19 | | | |
| 21 Charitable contributions from Sch. A (Form 1040), line 18 (or as previously adjusted) | | | |
| 22 Refigured charitable contributions (see page 7 of the instructions) | | | |
| 23 Subtract line 22 from line 21 | | | |
| 24 Casualty and theft losses from Form 4684, line 18 (or as previously adjusted) | | | |
| 25 Casualty and theft losses from Form 4684, line 16 (or as previously adjusted) | | | |
| 26 Multiply line 18 by 10% (.10) | | | |
| 27 Subtract line 26 from line 25. If zero or less, enter -0- | | | |
| 28 Subtract line 27 from line 24 | | | |
| 29 Miscellaneous itemized deductions from Sch. A (Form 1040), line 26 (or as previously adjusted) | | | |
| 30 Miscellaneous itemized deductions from Sch. A (Form 1040), line 23 (or as previously adjusted) | | | |
| 31 Multiply line 18 by 2% (.02) | | | |
| 32 Subtract line 31 from line 30. If zero or less, enter -0- | | | |
| 33 Subtract line 32 from line 29 | | | |
| 34 Complete the worksheet on page 8 of the instructions if line 18 is more than the applicable amount shown below (more than one-half that amount if married filing separately for that year). | | | |

- \$111,800 for 1994.
- \$114,700 for 1995.
- \$117,950 for 1996.
- \$121,200 for 1997.
- \$124,500 for 1998.
- \$126,600 for 1999.
- \$128,950 for 2000.
- \$132,950 for 2001.
- \$137,300 for 2002.
- \$139,500 for 2003.

Otherwise, combine lines 17, 23, 28, and 33; enter the result here and on line 6 (page 3)

